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HEADQUARTERS
THEATER SERVICE FORCES
EUROPEAN THEATER
Office of the Theater Chief Surgeon
(Main), APO 757

Ch Surg 704.11 x 705H

6 November 1945.

CIRCULAR LETTER NO. 78

Medical Policies - Female Personnel

1. Circular Letter No. 6, Off Ch Surg, "Disposition of Pregnant Military Personnel", 12 January 1945, is rescinded.
2. Unless otherwise specified, the following applies to military female personnel and to civilian female personnel entitled to medical care in US Army installations, as defined in current directives.
3. Dispensary care will be provided as for other military enlisted and officer personnel, except that time and space will be arranged to assure normal privacy to female personnel.
4. Hospitalization.
 - a. The following general hospitals are designated for the care of female patients:
 - 365th Station Hospital,
Neuilly, Paris, APO 887.
 - 162d General Hospital,
Stockbridge, Hants, (U.K.), APO 519.
 - 227th General Hospital,
Marseilles, APO 772.
 - 97th General Hospital,
Frankfurt-am-Main, APO 757.
 - 98th General Hospital,
Munich, APO 403.
 - 101st General Hospital,
Berlin, APO 755.
 - 121st General Hospital,
Bremen, APO 751.

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b. The following types of cases will be admitted directly or transferred to these hospitals as soon as transportable:

- (1) Pregnancy.
- (2) Gynecologic disease (except simple dysmenorrhea without pelvic pathology).
- (3) Mammary tumors.
- (4) Neuropsychiatric disease.

5. Pregnancy.

a. Line of duty - (military personnel only). Pregnancy and the direct complications and sequelae of such pregnancy will be regarded as incurred not in line of duty (with no misconduct involved (LD: No. AR 35-1440 and Article of War 107 do not apply)). Illegal abortion (complete or incomplete) will be regarded as misconduct (LD: No. Article of War 107), Section III, AR 615-361.

b. Discharge - (military personnel only). The discharge of pregnant enlisted women and the relief from active duty or discharge of pregnant women officers is mandatory (Section III, AR 615-361; Section III, WD Circular #404, 14 October 1944). In general, discharge or relief from active duty will not be effected until such personnel are returned to the United States. (Provision for discharge or relief from active duty without return to the United States may be found in WD AG Letter 704.11 (22 Sep 44), subject: "Procedure for Disposition of Pregnant Military Personnel in Overseas Commands".).

c. Diagnosis.

- (1) It is urged that the clinical diagnosis of "pregnancy" be made in suspected cases as early as possible. However, a delay of two to four weeks (with the suspect on active duty) to establish the clinical diagnosis before hospitalization, is justifiable except in case of threatened abortion, suspected ectopic gestation, or early toxemia.
- (2) As soon as the clinical diagnosis of pregnancy is made, the patient will be hospitalized, either directly to the appropriate hospital as specified in paragraph 4a, or she will be transferred directly to one of these hospitals.

d. Disposition.

- (1) All pregnant cases will be reviewed by the Disposition Board of the appropriate hospital (paragraph 4a). The proceedings of this Disposition Board will be considered satisfactory certification of pregnancy for evacuation and/or discharge (Section IV, WD Circular #209, 13 July 1945).

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- (2) Decision as to evacuation or retention will be based on the following policies:
 - (a) Patients more than 7 months pregnant will be retained in this Theater for delivery.
 - (b) All patients less than 7 months pregnant will be evacuated, unless -
 - (1) Non-transportability is certified by a qualified medical officer.
 - (2) Permission has been obtained from the Theater Chief Surgeon for retention in this Theater for delivery.
- (3) Pregnant personnel recommended for evacuation, either before or after delivery, will be classified as patients and reported as "Class V Cases". Evacuation procedure will be same as for other female personnel.

e. Interim care. While awaiting evacuation or delivery, pregnant personnel may continue on duty if, in the opinion of the responsible medical officer, the physical condition permits. In all cases pregnant personnel will be examined not less frequently than at two-week intervals, by a competent medical officer, as long as such personnel remain in this Theater.

f. Pregnant personnel retained in this Theater for delivery.

- (1) A woman retained for delivery will be provided with prenatal care at one of the hospitals designated in paragraph 4a and there delivered.
- (2) She will not be discharged or relieved from active duty (or contract) prior to her return to the United States or to her own nationals.
- (3) She will be returned to the United States or to her own nationals as soon after delivery as her physical condition permits, except that she may remain as a patient in proximity to her infant if the latter is certified by a medical officer as unfit to travel.
- (4) In the event of miscarriage and death of the infant, she will be discharged from hospital or returned to duty as soon as her physical condition permits.

g. The evacuation of infants born in this Theater to subject personnel.

- (1) The return of an infant with its mother (who is in the military service or is eligible for care as a US civilian (see paragraph 2)) to the United States is authorized.

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- (a) Embarkation orders and passenger lists will indicate the name of the infant.
- (b) To facilitate entry into the United States, a passport for the child should be obtained from a US Consul prior to departure from this Theater. The infant's birth certificate should be registered with the American Consul and retained by the mother for further use in the United States.
- (c) The return of an infant with its mother (who is a civilian of other than US nationality): Any such cases should be cleared prior to departure from the Theater with the US and other appropriate consuls, to determine the requirements regarding birth certificates and registration, passports, visas, etc. The evacuation of such personnel will be in accordance with paragraph 9c below.

6. Venereal Disease.

- a. All cases of venereal disease in female (military or civilian) personnel will be admitted to a hospital as soon as the clinical diagnosis is made.
- b. All treatment of venereal disease in female personnel will be carried out in hospital on "in-patient" status.
- c. The treatment of syphilis will follow current directives.
- d. The treatment of gonorrhea in females will follow the principles as outlined in current directives, with the following modifications:
 - (1) The initial treatment will be administered in hospital, as a patient thereof, and will consist of the intramuscular administration of 25,000 units of penicillin every 3 hours for 16 doses, or 400,000 units within 48 hours in equal doses at not more than 3-hour intervals. At the conclusion of this treatment, the patient may be discharged to duty for further routine observation on an out-patient status, provided that:
 - (a) She is afebrile.
 - (b) Urethral and cervical smears and cultures are negative for gonococci.
 - (c) There is no palpable evidence of adnexal or Bartholinian infection.
 - (2) Further therapy in the event of persistent evidence of disease will consist of the continuance of the above routine for an additional 48 hours, with concurrent sulfadiazine therapy. After an interval of 3 days following this therapy, the patient may be discharged in accordance with the criteria of paragraph 6d (1) above.

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(3) Determination of cure. Female personnel shall be considered cured if -

(a) Afebrile.

(b) No adnexal disease or Bartholinitis can be demonstrated.

(c) Urethral and cervical smears and cultures, taken on three successive days, are negative and remain negative when taken on the last day of the next three successive menstrual periods.

(4) Persistence of disease after completion of therapy (as outlined in paragraph 6d (1) and (2) above) indicates presence of either chemo-resistant gonorrhea or "closed" (impenetrable) infection, or both, and further treatment or disposition will require competent gynecologic consultation and management. Surgical treatment at this stage of the disease may result in unnecessary castration or sterility and is contra-indicated except for the emergency drainage of an abscess.

e. Female personnel with venereal disease proved to be chemo-resistant or "closed" will be evacuated to the United States or to their own nationals for further treatment or disposition. Retention in the Theater for further treatment will be only by permission from the Theater Chief Surgeon.

7. Abortion.

a. Line of duty - see paragraph 5a above.

b. Therapeutic abortion may be performed only at the hospitals designated in paragraph 4a on the recorded advice of the gynecologic consultant, and with the recorded concurrence of the Chiefs of the Surgical and Medical Services.

c. All abortions will be reported directly to the Theater Chief Surgeon by the responsible officer of whatever medical unit receives such a case.

8. Hormonal Therapy. The safe use of male or female natural or synthetic hormones requires special clinical and laboratory investigation and continued observation not feasible in this Theater at the present time.

a. The following conditions specifically will not be treated by the administration of the male or female hormones without such investigation:

(1) Dysmenorrhea or menstrual irregularity.

(2) Menopausal disturbances, physical or psychic.

(3) Mastalgia, "chronic mastitis", and "benign" breast tumors.

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b. The conditions listed above, if found intractable under out-patient care to medicinal or psychic correction of underlying vasomotor dysfunction, will be transferred to one of the hospitals indicated in paragraph 4a for investigation, treatment, and disposition.

9. Evacuation.

a. The following conditions, pertinent to female personnel only, are considered unsuitable for treatment in this Theater, and are to be expedited to the Continental United States or to their own nationals:

(1) Cancer.

(a) Breast.

(b) Pelvic, of external or internal genitalia.

(2) Pregnancy (see paragraph 5).

(3) Chemo-resistant venereal disease (see paragraph 6e).

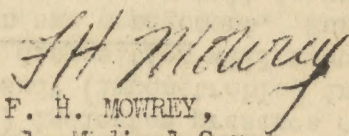
(4) Menorrhagia and/or metrorrhagia, severe.

(5) Dysmenorrhea, severe, recurrent, and menopausal syndrome, severe, with disabling psychic or physical manifestations.

b. Military and US civilian personnel will be evacuated to the United States.

c. Civilian personnel, other than US nationals, will be returned to their own nationals. Should any difficulty arise in disposition of such personnel, contact will be made with Hospitalization and Evacuation Division, Office of the Theater Chief Surgeon.

By order of the Theater Chief Surgeon:


F. H. MOWREY,
Colonel, Medical Corps,
Executive Officer.

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